

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212510269						
1.) CORPORATION NAME: <b>BB&amp;T Equipment Finance Corporation</b> <div style="float: right;">DUE DATE: <b>3/31/2012</b></div>								
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM</b> <b>4701 COX RD STE 301</b> <b>GLEN ALLEN, VA 23060-6802</b> <div style="float: right;">SCC ID NO: <b>F1504655</b></div>								
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> <div style="float: right;">         5.) STOCK INFORMATION  <table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> <tr> <td style="padding: 2px;">COMMON</td> <td style="padding: 2px;">10,000</td> </tr> </table> </div>			CLASS	AUTHORIZED	COMMON	10,000		
CLASS	AUTHORIZED							
COMMON	10,000							
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>								
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">         ADDRESS: 5130 Parkway Plaza Boulevard           CITY/ST/ZIP: Charlotte, NC 28217       </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> OFFICER</td> <td style="width: 25%; text-align: center;"><input checked="" type="checkbox"/> DIRECTOR</td> </tr> <tr> <td>           NAME: TOM JASCHIK            TITLE: PRESIDENT            ADDRESS: 5130 PARKWAY PLAZA BOULEVARD            CITY/ST/ZIP/CO: CHARLOTTE, NC 28217         </td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	NAME: TOM JASCHIK TITLE: PRESIDENT ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217		
	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: LISA MOBERLY TITLE: Corporate Secretary ADDRESS: 5130 PARKWAY PLAZA BOULEVARD CITY/ST/ZIP/CO: CHARLOTTE, NC 28217								
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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: Tina Brannon TITLE: DIRECTOR ADDRESS: 5130 Parkway Plaza Boulevard CITY/ST/ZIP/CO: Charlotte, NC 28217, US,US								

NAME:	Michael Clark	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	John Davis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Jeff Ellison	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217, US,US		
NAME:	Neal Harm	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Darren Linder	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Louis Loyd	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Mark F. Herron	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Larry G. Lutgen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Dev Maguire	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Rod McIver	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		
NAME:	Michael C. Owen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5130 Parkway Plaza Boulevard		
CITY/ST/ZIP/CO:	Charlotte, NC 28217		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tom Rice DIRECTOR 5130 Parkway Plaza Boulevard Charlotte, NC 28217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ray Rogers DIRECTOR 5130 Parkway Plaza Boulevard Charlotte, NC 28217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Allen White DIRECTOR 5130 Parkway Plaza Boulevard Charlotte, NC 28217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Regena Wiley DIRECTOR 5130 Parkway Plaza Boulevard Charlotte, NC 28217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cory Boyte DIRECTOR 5130 Parkway Plaza Boulevard Charlotte, NC 28217	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LISA MOBERLY		LISA MOBERLY,	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE	
		3/23/2012	
		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			